

Submitted at FindYouthInfo.gov

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US Department of Health and Human Services
200 Independence Ave, SW
Room 404E
Washington, DC 20201

RE: Strategic Plan for Federal Youth Policy

To Whom it May Concern:

The National Council for Community Behavioral Healthcare (“National Council”) supports the Interagency Working Group on Youth Programs (“Interagency Working Group”) mission to solicit information from youth, non-profit organizations in order to develop an overarching strategic plan for Federal youth policy and to prepare recommendations to improve the coordination, effectiveness and efficiency of programs affecting youth. The National Council, a non-profit association representing close to 1,800 community-based mental health and addiction treatment organizations, is dedicated to fostering clinical and operational innovation and promoting policies that ensure the more than 8 million low-income children, adults, and families our members serve have access to high quality services. Our community mental health and addiction organizations have more than 40 years of experience and expertise in providing a range of services and recovery supports for millions of individuals with multiple chronic health problems.

In a recent survey conducted by the National Council, a select number of member agencies reported that they provide a range of case management, assessment, behavioral health intervention and therapy as well as school based services to children and youth.¹ Two-thirds of respondents employ psychiatrists (69%), clinical social workers (67%) and licensed professional counselors (65%) who specialize in children and youth services.² The top challenges listed by our providers were lack of funding to cover service costs, misunderstanding how to pay for parent participation, inadequate coordination with adult service systems and lack of access to qualified professionals to evaluate and manage medication needs. Members also reported that state budget cuts are making it increasingly difficult to serve children and youth.

The National Council also works with a group of our member providers who specialize in children’s services. This working group discusses challenges that face agencies who specialize in children’s issues and the advantages of evidence-based practices in use with youth and at times

¹ National Council for Community Behavioral Healthcare. Survey of Children and Youth Services. Available at: <http://www.thenationalcouncil.org/galleries/policy-file/Fact%20Sheet%20on%20Children%20and%20Youth%20Services%20Survey.pdf>

² Ibid.

provides guidance to the National Council on those issues that are pertinent to providers working with youth today.

As the Interagency Working Group develops a framework to guide development of the strategic plan for Federal youth policy, we encourage you to consider the following comments.

What is the single most important thing youth need to be successful?

A safe and stable environment is essential to the positive social-emotional wellbeing and development of children. Children who are raised in an environment where they are supported and provided with guidance may experience greater success as adults and will develop positive social and coping skills. A stable environment includes within the home, the school, the community and is the responsibility of many people, not just the parents. There are many youth who are involved in the foster care systems or youth detention systems that may not have safe and stable environments. These children are at-risk for future problems with the legal system and for behavioral and emotional problems as adults. Children in foster care have been shown to use more behavioral health services during their placement than before or after discharge and there is research to show that there is a lack of sufficient mental health and substance abuse resources in the juvenile justice system. According to a research brief from the National Center for Mental Health and Juvenile Justice, approximately 70% of youth in the juvenile justice system meet criteria for at least one mental health disorder.³ A study from the National Institute of Justice found that abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of juvenile or adult violent crime.⁴

According to the Department of Health and Human Services, there were an estimated 463,000 children in foster care as of September 30, 2008.⁵ Many of the children in foster care have physical and/or psychological problems as a result of experiences such as neglect/abuse and multiple foster care placements. Experts estimate that between 30 and 85 percent of youth in out-of-home care have significant emotional disturbances. Despite this level of need, less than one-third of children in the child protective system are receiving mental health services.⁶

Many programs for at-risk youth are inadequate. They may provide help for troubled young people but often the results may be temporary. However, by including all respective parties (family, educators, youth) in an intervention, long-term success may be achievable. For children

³ Shufelt, J.L. and Coccozza, J.J.. 2006. Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study. National Center for Mental Health and Juvenile Justice. Research and Program Brief available at: <http://www.ncmhjj.com/pdfs/publications/PrevalenceRPB.pdf>

⁴ English, D.J., Widom, C.S., and Brandford, C. 2004. Another look at the effects of child abuse. *NIJ Journal* 25:23-24.

⁵ Child Welfare Information Gateway. 2010. Foster Care Statistics. US. Department of Health and Human Services

⁶ Child Welfare League of America. Health Care Services for Children in Out-of-home Care: Facts and Figures. Available at: <http://www.cwla.org/programs/health/healthcarecwfact.htm>

at risk, access to services which can help build a safe and stable environment are necessary. Using the strengths of the community, services can be individualized to ensure that at-risk youth are given the support necessary for them to be successful. This support can be provided by youth support groups offered at community mental health centers where youth can be screened for potential mental and behavioral issues while at the same time interacting with positive role models and learning more proactive ways of interacting with others. Additionally, schools can initiate a Positive Behavioral Support (PBS) program. PBS programs are a collaborative effort between schools and mental health agencies through which behavioral problems are addressed from educational and mental health perspectives. PBS programs have shown increased school success as measured by grade performance, graduation rates and attendance and a reduced need for special education, child welfare services and juvenile justice interventions.⁷ It may take persistent efforts on the part of parents, clinical staff, and educators to provide a safe and stable environment which will lead to resiliency, health, safety, healing and a hopeful future for children.

What programs really make a difference in the lives of youth? How do you know?

At-risk youth are young people in danger of experiencing life difficulties or failures, whether they be in the home, at school or out in society. Identifying the contributing factors that make a young person become vulnerable is the first step in helping them to overcome such obstacles. Children who have low academic skills, are living with a single parent, have low-income families and who have negative self-perceptions or low self-esteem are often at risk. National Council members are providing support to at-risk youth through in-home treatment, foster care support, mentoring programs and more services which are proving to be successful. For example, Youth Villages, a National Council member agency, provides multiple services to support at-risk youth and keeps data on all of their clients including continued follow-up after discharge from the program to ensure success. At one year post discharge from the program, 81% of youth report success and are still living in the family home. Youth Villages has a singular goal of ensuring that every child has a functioning family and a safe, permanent home, because stronger families result in safer neighborhoods and better communities for everyone. Youth Villages operates across ten states and Washington, DC and they are working with more than 16,000 families. Statistics show that this program is working to make a difference in the lives of the youth with which they are involved.

Additionally, success with at-risk youth has been seen when they are involved in mentoring programs, provided additional support through their schools, enrolled in adolescent support groups and encouraged to become involved in extra-curricular activities. All of these interventions have been proven to provide positive outcomes and to prevent children from involvement in activities that may lead to issues with the juvenile justice system, gangs, and drug issues. As noted above, Positive Behavioral Supports have been shown to be successful when used in the schools to help improve children's behavioral and overall health. PBS reduces discipline

⁷ National Council for Community Behavioral Healthcare. 2011. Children's Mental Health Prevention & Early Intervention: Schools on the Front Lines Utilizing Positive Behavior Support

problems in school by 20-60%⁸ and has been shown in some cases to reduce bullying by fostering a culture of respect⁹. With a focus on prevention for all students in school, PBS allows for the early identification of students who are in need of individual attention or specialized services.¹⁰ The Interagency Working Group on Youth Programs should also review the findings of the ACE study which analyzes the relationship between multiple categories of childhood trauma and the potential health and behavioral outcomes later in life. Early childhood behavioral health promotion would prevent a wide range of health risk factors ranging from mental health and substance use issues to obesity, diabetes, violence and smoking. An emphasis on early childhood issues would also help to establish lifelong resilience. The ACE study links the prevention of violence and abuse towards children with better health and behavioral health outcomes.

What are the barriers to collaborating to improving youth outcomes and how can these barriers be removed?

The main barriers to collaboration are communication problems and workforce issues. Lack of communication is often listed as an issue between parents and youth who are involved in the mental health, foster care, or juvenile justice systems. Communication is a skill that must be developed on both sides. Working with supportive volunteers and staff at agencies that specialize in working with children and families is beneficial to providing safe and stable home environments leading to positive social-emotional wellbeing and development. Communication among state and Federal agencies is also necessary to ensure that programs are fully supported and to ensure that all issues related to youth are being considered.

Additionally, the passage of the Health Information Technology for Economic and Clinical Health Act (HITECH), establishes a goal of supporting the “meaningful use of certified Electronic Health Record (EHR)” technology within the health care field. The advent of EHR systems will allow for greater communication, collaboration and coordination of services between primary and mental health care professionals thus providing a larger safety net for youth in our communities, foster care and juvenile justice systems. However, Community Behavioral Health Organizations (CBHO) are not currently eligible to receive incentive payments as entities and EHR systems can be cost prohibitive to set up for agencies and solo practitioners. CBHOs need to be included in the EHR system and should be eligible for incentive payments in order to facilitate their inclusion.

The public mental health and addictions safety net provides care to millions of low-income and uninsured individuals every year. Similar to other sectors of the healthcare system, the behavioral health field faces a crisis due to a critical shortage of qualified providers. In the instance of at-risk youth, this safety net provides immediate support and allows for positive

⁸ Bazelon Center for Mental Health Law, “Way to Go: School Success for Children with Mental Health Needs.” Washington, D.C.: May 2006. Available for purchase online at <http://www.bazelon.org/News-Publications/Publications/List/1/CategoryID/19/Level/a/ProductID/11.aspx?SortField=ProductNumber,ProductNumber>

⁹ Ibid. (p. 5)

¹⁰ Ibid. (p. 59)

future outcomes and resiliency. However, the nation and many states are facing a health care funding crisis. Aurora Mental Health Center in Aurora, CO, provides school-based services funded by Medicaid and state and foundation grants. They indicate that if additional resources were available they could expand their services to additional schools in their community where there is a demonstrated need. National Council members who currently provide services to youth and families indicate that funding is the main barrier to expanding those services. Many states are cutting the amount of funding available to mental health programs in an effort to balance the state budget; however, this action will expose youth to the risk of loss of coverage and services that they may need and have been proven successful in helping to build resiliency in the future. The Interagency Working Group should encourage increased communication among its twelve federal agencies to ensure that funding for mental health services is spared.

What can Federal agencies do to assist? What are your ideas for Federal policy to improve the coordination, effectiveness and efficiency of programs affecting youth?

The Patient Protection and Affordable Care Act (PPACA) recently passed into law shows the Federal Government's investment in the behavioral health workforce to assist community behavioral health organizations and other entities to meet the need for services among at-risk youth and their families. Federal agencies should work on drafting the regulations to implement PPACA in such a way that communication between agencies is encouraged and agencies that provide services to youth and their families are supported through increased opportunities for funding and support from the Federal agencies.

Federal agencies should encourage collaboration among themselves and at the Federal, state and local levels in order to ensure that existing resources are utilized in such a way as to improve outcomes for the nation's youth. Specifically, the Interagency Working Group should consult with the Substance Abuse and Mental Health Services Administration (SAMHSA) regarding the mental health needs of youth and families. The *Comprehensive Community Mental Health Services for Children and Their Families Program*, administered by SAMHSA funds systems of care, a community-based service delivery model which promotes positive mental health outcomes for children and youth from birth through 21 years of age. Systems of Care can facilitate coordination among the providers in the youth's life such as teachers, child protective services, primary care and mental health professionals. This program builds strengths within the child and family to help them thrive in the community and at home.

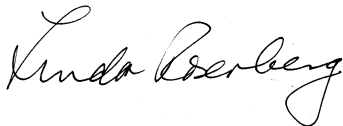
Additionally, the Pediatric Specialty Loan Repayment Program when it goes into effect will establish and authorize funds for a loan repayment program for individuals who are employed in health professional shortage or medically underserved areas for at least two years and provide pediatric medical subspecialty or child and adolescent mental and behavioral health services, which include substance abuse prevention and treatment services. The Interagency Working Group should monitor the progress of this program as it goes through the appropriation process as it will help encourage more professionals to go into underserved areas to provide necessary services to youth and families.

How can youth be engaged in these efforts?

The Interagency Working Group on Youth Programs should hold regular meetings with stakeholders to gather information and monitor progress. The Interagency Working Group has been directed to solicit input from young people and this directive may be the best way to engage youth. By allowing them the ability to influence policy by speaking to federal agencies about those issues that are essential to them, you are enabling them to make decisions, giving them a sense of confidence and encouraging them to speak up for themselves in future situations. States, advocacy groups, substance use and mental health organizations and providers can provide valuable information and could be encouraged to help monitor the progress of the strategic plan for Federal youth policy. Stakeholders should be encouraged to partner together to distribute educational materials and support individuals. Providers can also be utilized as they are often the first line of contact with individuals and can provide valuable information.

Thank you for your consideration of these comments. We commend the Interagency Working Group on Youth Programs for the development of its framework and for its continued work to improve the coordination, effectiveness and efficiency of programs affecting youth.

Sincerely,



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